

# **Population Services International Afghanistan**

**Focus Group Discussion Summary of Result  
Negative testing of 3 Number One Packages; Exploring Birth  
Spacing Attitudes and Experiences with Afghan men**

## **FINAL REPORT**

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## EXECUTIVE SUMMARY

With funding from the Bill and Melinda Gates Foundation, PSI will launch a social marketing program for birth spacing in late 2003, in an effort to address the urgent need for improved maternal and child health in Afghanistan. In November 2003, PSI will introduce *Number One Condoms*, to be followed by *OK* oral and injectable contraceptives in early 2004. Throughout the coming year, PSI will dramatically scale-up rural sector distribution of contraceptive products with funding from the USAID REACH program in an effort to increase access to contraception where it is most urgently needed.

The Focus Group Discussion (FGD) below included a series of 8 discussions with Afghan men ages 18-35. The study aims to provide a sharper picture of tastes and preferences among the target group for *Number One* Condoms, namely, low income men, particularly from rural areas.

Three different samples of *Number One* condoms were tested among participants for negative opinions or reactions to either the colors or brand image. Included in the test was a blue and gray package currently used by PSI Cambodia, a blue and yellow package used by PSI Laos, and a black and fluorescent pink package used by PSI Nepal. Results were as follows:

- a) The Lao condom packaging appears to have been the most popular. The primary reasons for this preference are that it is small and can be easily concealed and that the yellow color attracts attention. The packaging colors were also perceived to imply high quality.
- b) The Nepal package was not very well liked because of its color. Because discussion of the Nepal pack focused on colors, few comments were made regarding the shape and design of the pack. One person said that they liked how prominently the number of condoms in the pack was displayed, and another man said that he liked that it appears child-proof. There were no other strong positive comments about the package.
- c) There were not any strong negatives towards the Cambodia *Number One*, however, the majority of respondents did prefer the smaller packages. Participants appeared to value the ability to hide a package over the ability to buy more than three condoms at one time. *It should also be noted that in one Dari-speaking group there was a very strong preference for Cambodia's re-closeable packaging (without paste). Other condom brands currently on the Afghan market (Sathi and Peace condoms) also have this re-closeable feature.*

All participant groups were led in discussions regarding their knowledge and experience of birth spacing. Because FGD participants may have had greater exposure to educational training provided through the health facilities they were recruited through, they may not provide an accurate representation of the Afghan population at large. Therefore, readers are strongly urged to consider the birth spacing discussions described herein as relevant only to the purposes of this study, to providing a more thorough understanding of FGD participants.

## BACKGROUND

With funding from the Bill and Melinda Gates Foundation, PSI will launch a social marketing program for birth spacing in late 2003, in an effort to address the urgent need for improved maternal and child health in Afghanistan. In November 2003, PSI will introduce *Number One Condoms*, to be followed by *OK* oral and injectable contraceptives in early 2004. Throughout the coming year, PSI will dramatically scale-up rural sector distribution of contraceptive products with funding from the USAID REACH program in an effort to increase access to contraception where it is most urgently needed.

To better inform the design of the birth spacing program, PSI's Research Department has undertaken several studies to better understand the contraceptives market in Afghanistan, Afghan consumers in particular. This extensive behavioral and market research is intended to ensure that contraceptive brands and birth spacing communications are designed in harmony with the nation's current political and religious climate.

In February 2003, an initial series of focus group discussions with Afghan men and Afghan women<sup>1</sup> found that *Number One* will be a culturally appropriate brand name for PSI's social marketed condoms, and *OK* will be an equally appealing brand name for hormonal contraceptives.

In April 2003, PSI conducted an assessment of the contraceptives markets in Herat and Kabul Provinces. The Market Assessment Survey aimed to identify gaps and weaknesses in the market that could be addressed and strengthened through the social marketing program in order to reduce maternal and infant mortality rates nationwide. Information was gathered on contraceptive availability, price, source, sales volumes, point of sales materials, mark-ups on products (by retailers), and unmet demand for contraception among wholesalers, pharmacies (retailers), convenience stores and street vendors<sup>2</sup>.

In July 2003, a more rapid market assessment survey was conducted among 30 pharmaceutical wholesalers and 25 retailers (pharmacy and non-pharmacy) in Kabul Province, to further explore tastes and preferences within the commercial sector for various condom brand characteristics. The study found that both retailers and wholesalers believe that well advertised brands will be popular among consumers. The study further indicated that pictorial instructions for condom use, either inserted in the condom package or printed on the box, could have a negative impact given the current political climate in Afghanistan. Because many retailers valued the utility of pictorial instructions, for illiterate consumers in particular, this option will be revisited again in the future.

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<sup>1</sup> 6 FGDs were conducted with low-income, low-education, married women ages 18-40 years, and 2 FGDs were conducted with low-income, low education married men, ages 18-40.

<sup>2</sup> A questionnaire was administered to 363 urban and 158 rural outlet managers/owners in the provinces of Kabul and Herat – the two major markets and wholesale centres in Afghanistan.

In July and August of 2003, a series of FGDs were conducted with Afghan women, to provide a sharper picture of the tastes and preferences among Afghan women regarding contraceptives. Study results, together with previously collected data, will be used to guide the development of PSI's *OK* brand of hormonal contraceptives.

The FGD study described below was also conducted in July and August of 2003 with Afghan men, aged between 18 and 35 to negative test three potential designs for Afghanistan's new *Number One* condom. The study yielded further information regarding the birth spacing knowledge and experience among participants.

Together with the research results described above, the study will help to determine a brand logo and image for the *Number One* brand; as well as packaging details such as the text and language to be used on *Number One* packaging.

PSI would like to express appreciation to the Bill and Melinda Gates Foundation for supporting the initial phase of the birth spacing program. Further gratitude goes to Aide Medical International (AMI) and Medcins Sans Frontiers (MSF) for contributing time and effort to organizing FGDs and for providing the space in which to conduct them.

## STUDY OBJECTIVES

The primary objective for the study described herein is to develop new brands of oral contraceptives and injectable contraceptives that are appropriate to Afghan consumers—with particular consideration to the potential sensitivity of birth spacing products among conservative Afghans. The study aimed to better understand the tastes and preferences for products including colors, language, and logo images.

To build a more thorough picture of study participants, the focus group discussions also included several questions regarding the birth spacing attitudes and experiences of Afghan men. This information could play a key role in positioning *Number One* condoms on the Afghan market.

## METHODOLOGY

The 8 focus group discussions conducted for this study were held in Kabul City and Logar Province. The four FGDs conducted in Kabul City were moderated by PSI's Dr. Mayar Wahid, Liaison Officer. Dr. Mayar received his FGD training from PSI's Dr. Wamta, Training Coordinator and FGD Specialist. The final four FGDs conducted in Logar Province were moderated by PSI's Research Director, Engineer Sarwar Mohammad.

Each FGD included no more than 8 participants to enable more in-depth conversation to evolve. Moderators were guided by a loose questionnaire and were encouraged to follow the flow of conversation as it emerged among participants.

A note taker recorded each focus group discussion and a small tape recorder was also used with the consent of participants. Using both taped conversations and their notes, note takers made complete transcripts for each discussion. Transcripts were later

translated from Dari and Pashtu into English and analyzed to generate the findings presented below.

Each FGD lasted approximately 1 hour and refreshments were served immediately afterwards.

While reading the summary of results below, it is of critical importance to consider the context of each discussion. Because we will assume that less than half the nation's men regularly visit a health facility or clinic, it is possible that participants who are regular visitors do not reflect the attitudes, opinions or knowledge of Afghan men in general<sup>3</sup>. Furthermore, some responses may reflect the desire of participants to give the "correct" answers based on information they have been given by the clinic; such answers may or may not reflect their true beliefs and experiences.

It is equally important to note that the sample size for this qualitative study is approximately 64 respondents. These results can only give you an idea of the experiences and opinions that exist among Dari and Pashtu-speaking men in Kabul City and Logar Province. For the purposes of this study, their opinions and preferences regarding condom branding are used to indicate the opinions and preferences of Afghan men in general. However, generalizations regarding the birth spacing knowledge, exposure, and experiences are not inferred by the text below. Such information is only included to better understand the discussion participants.

## PARTICIPANTS

Focus group discussions were organized with the assistance of Medcins Sans Frontiers, in Kabul City, and Aide Medical International in Logar Province. In Kabul City, FGDs were conducted in private homes near the MSF clinic in Dash-t-Barchi District, with participants who were gathered by MSF. In Logar Province, FGDs were conducted on premises at the Baraki Hospital with participants who were either hospital clients or accompanying a hospital client. Because FGDs were conducted in close collaboration with these NGO clinic networks, it is possible that study participants have had higher exposure to clinic-based education and information than is necessarily true for the Afghan population at large.

The study aimed to include participants that are demographically representative of the Afghan population, including both Dari and Pashtu-speakers, and low-income people from urban and rural areas.

- 1) **Kabul Province**, Dash-t-Barchi District; 26<sup>th</sup>-27<sup>th</sup>, July 2003

Moderator: Dr. Mayar

**2 Groups of Dari-Speaking men ages 18-28**

**2 Groups of Dari-Speaking men ages 28-38**

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<sup>3</sup> During the FGDs, moderators did not ask participants how often they come to the clinic. However, it can be assumed that their presence at the clinic on any given day indicates above-average exposure to clinic education activities and health services.

2) **Logar Province**, Baraki Hospital; 4<sup>th</sup>-7<sup>th</sup>, August 2003

Moderator: Engineer Sarwar

**1 Group of Dari-speaking men ages 18-28**

**1 Group of Pashtu-Speaking men ages 18-28**

**2 Groups of Pashtu-Speaking men ages 28-38**

## RESULTS

### **I. BIRTH SPACING AWARENESS AND BEHAVIORS**

#### **A. Birth Spacing Attitudes**

In all groups, respondents recognized the benefits of birth spacing. The most frequently mentioned benefits were: improved health and well being of children (N=11), improved health of the mother (N= 8), improved family economy (N=8), better for the country (N=4). Six men specifically stated that smaller families will result in better lives.

The most frequently stated optimal birth spacing interval was 2 years, with 3 years close behind.

Many men stated that birth spacing is not popular in Afghanistan, but it is popular in other countries where people have smaller family sizes and better lives. Two men in different FGDs said that because Afghan men don't work, they have more free time than men in other countries. Much of this free time is spend producing more children.

#### **B. Knowledge of Birth Spacing Methods**

Among both Dari and Pashtu-speakers, condoms were the most commonly mentioned birth spacing methods, with the vast majority of respondents naming it as the type of contraception used by themselves or people they know. Oral contraceptive and injectable contraceptives were frequently mentioned, although most men stated that these methods produce unhealthy side effects (N=14). Surgical sterilization was also mentioned as a common method, particularly among men who have lived in Iran.

Discussions with Pashtu-speaking men revealed a low awareness of birth spacing methods. Twelve men stated that they have heard of birth spacing, but have never seen or used contraceptives (several men said that they didn't know anything about them). Another 9 respondents said that they had never heard of birth spacing nor seen any methods of contraception.

#### **C. Experience/Exposure to Birth Spacing**

Condoms were the most frequently discussed method of birth control. Eleven men said that they use condoms to avoid the harmful effects of other forms of birth control.

Both Pashtu and Dari-speaking men said that when they lived in Iran, they saw posters advertising surgical sterilization as a method of family planning. The most commonly repeated slogan was “Have a better life after sterilization.” Of the 5 men who mentioned this poster, 3 men underwent sterilization in Iran.

Other returnees from Iran mentioned a contraceptive pill they were offered which could be used for 3 months, then 6 months, and then 1 year.

Pashtu people were more likely to mention religious reasons for not practicing birth spacing. Several men said that they were shy when talking about such things, and preferred not to [this may explain the high numbers of people who reported not having heard of or seen contraceptives]. One man said that his wife uses injectables, but he is ashamed to talk about it. Another man said that women will sometimes use contraceptives while hiding it from their husbands.

Two Pashtu-speakers said that condoms are often used by couples who are engaged to be married and who do not want to become pregnant.

#### **D. Key Barriers to Birth Spacing**

The most commonly mentioned barrier to the use of injectable and oral contraceptives were the harmful side effects including headaches (N=6), nervous disorders (N=6), and weakness (N=2). Other reasons mentioned for not using contraceptives include:

- Religion says that birth spacing is a sin (N=5)
- People continue to have children until they produce enough sons (N=5)
- People are not aware or do not know how to use (N=3)
- In Afghan society, people will believe you cannot provide for your family if you do not produce more children (N=1)

#### **E. Availability of Contraceptives**

Men most commonly stated that contraceptives are available in clinics or pharmacies, often stating that the quality of medicines obtained from the clinic would be more reliable. Other sources of contraceptives mentioned were shops and grocers.

## **II. LANGUAGE**

#### **A. Perceptions of English, Dari, and Pashtu languages on a package**

Among both Dari and Pashtu speakers, the overwhelming preference was to have a package that includes English, Dari, and Pashtu writing.

Products with English writing are perceived as very high quality and are well respected. Young people, in particular, like products with English writing. However, many people stated that the level of education in Afghanistan is not high and many people cannot read English. Therefore text should be translated into both Dari and Pashtu; also making it easier for literate people to read packaging for illiterate people. One Dari-speaking respondent commented that more than the language on the packaging, consumers look for manufacturers that they recognize when buying medicine. Another respondent from the same discussion added that the Dari or



Pashtu translations on the box will indicate that the box has been imported legally—as opposed to illegally imported products with other language translations.

Two Dari-speaking FGD participants (in different groups) warned that an English-only package would be perceived as a non-Muslim product and rejected for its association with infidel countries.

### **B. Quality description: in which language?**

FGD respondents would like to see the description of product quality (on the back of the *Number One* Cambodia packaging) written in Dari and Pashtu. Both Dari and Pashtu-speaking groups responded that with medicines and condoms, it is important to understand the quality of the product. Many groups stated that they would like to see the directions in Dari and Pashtu as well.

### **C. Perceived meaning of “Number One”**

In every FGD there were respondents who recognized that the picture of the number 1 on the packaging means top quality or “1<sup>st</sup> class good.” However, it is important to note that other interpretations included: a) the product should only be used one time, b) this package contains one condom, c) this is a new product introduced for the first time and d) this symbol (the number 1 pictured on the Cambodia package) represents the sexual tools of men and women.

**CONCLUSION:** The package should have *Number One* written on the front in English only. It may also be good to write the # of condoms included in the pack on the front, in the event that people do believe the “1” means there is one condom inside<sup>4</sup>. The quality description should be written on the back in both Dari and Pashtu languages. The quality description will include the following information:

- Imported
- Exceeds international quality standards
- Lubricated

(we may want to write “3 lubricated condoms” in Dari and Pashtu, just to make sure the number inside is understood).

## **III. NUMBER OF CONDOMS PER PACK**

On the whole, respondents appeared to be familiar with condoms, and participants in every group had either tried a condom or were regular users<sup>5</sup>. Dari-speaking participants from Kabul gave the most thorough responses when asked how many condoms they like to purchase at one time. Many respondents said that they first check the expiry date and if it’s long enough, they may buy between 1 and 3 packages at one time, or more than that to keep in the house.

Participants in 3 of the 8 FGDs specifically stated that people who live far from the bazaar or in rural areas like to buy more condoms at one time. One participant said rural people buy about ten packages at one time, while two other respondents said that there should be at least 12 in a package for bulk purchases.

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<sup>4</sup> This “3” could be added below where it says “Top Quality Condoms” on the bottom of the Lao package.

<sup>5</sup> Most FGD groups included participants who had returned from living in Pakistan or Iran.

There was not a significant discussion in any of the FGD groups as to how many condoms should be in a single pack. Some participants liked that there were four condoms in the Cambodia package, although many more stated that small packaging size is a high priority because it can easily be hidden.

Participants from the Dari-speaking groups seem very willing to buy multiple packages (if the expiry date is long enough) at one time.

## **IV. BLUE AND GRAY PACK FROM CAMBODIA**

### **A. Colors**

#### **1. Perception of colors (attractiveness and quality)**

In every FGD, participants commented that the blue color implies very high quality and is very popular in Afghanistan. Respondents in 3 FGD groups stated that the blue on the Cambodia packaging is too dark. Another Dari-speaking respondent stated that this packaging is not appealing.

#### **2. Color associations**

There are many associations for the color blue that were mentioned during discussion of both the Cambodia and Lao packaging. Blue is always seen as a good, high quality color. The following were mentioned in association with the color blue: water, freedom, flexibility, and high quality. One Dari and one Pashtu-speaker in separate groups said the color is associated with birth spacing.

There were few comments regarding the gray color of the *Number One* written on the pack. One Dari-speaker stated that the gray and dark blue together represented the solitude of the nights. Another in the same group said that the dark blue represents ignorance and the gray is brightness.

### **B. Overall Packaging**

#### **1. Appropriateness**

One Pashtu-speaker commented that this box looks like a calculator, while another person from the same group stated that it looks like a package for tablets.

#### **2. Best features**

Many respondents believed that the size of the package was very good, and several people stated that they would like to see four condoms in one pack. One man said that he liked the large size of the *Number One* written on the front.

In one Dari-speaking group, participants were very pleased with the way that the box closes. They like that the box is easy to open and can be re-closed without the use of adhesive. This same group preferred the larger box but would like to see the blue and yellow colors of the Lao package on it. A few other Pashtu and Dari-speaking respondents commented that they would like to see the Cambodia package colors (because they look very high quality) on a smaller box.

### **3. Worst features**

A significant number of participants did not like the Cambodia pack because it would be too large to conceal in a pocket.

**CONCLUSION:** There were not any strong negatives towards the Cambodia *Number One*, however, the majority of respondents did prefer the smaller packages. Participants appeared to value the ability to hide a package over the ability to buy more than three condoms at one time. *It should also be noted that in one Dari-speaking group there was a very strong preference for Cambodia's re-closeable packaging (without paste). Other condom brands currently on the Afghan market (Sathi and Peace condoms) also have this re-closeable feature.*

## **V. BLUE AND YELLOW PACKAGING FROM LAOS**

### **A. Colors**

#### **1. Perception of colors (attractiveness and quality)**

There was a significant preference for the yellow and blue packaging of Laos in both the Dari and Pashtu-speaking groups. While many people expressed a liking for the blue of Cambodia as well, more people preferred the brighter blue of the Lao package. Several participants stated that the yellow color attracts attention. In each group there were respondents who preferred the blue and yellow packaging over the Cambodia and Nepal colors.

#### **2. Color associations**

The most common statement regarding the yellow color on the packaging is that it draws attention. As discussed above, the blue color connotes a high quality product.

Two participants from different FGD groups (one in Kabul and one in Logar) stated that yellow is the color of separation. The Pashtu-speaking respondent stated that this yellow is the color of flowers put on a coffin and it is not appropriate. However, the Dari-speaking respondent stated that this sign of separation could be interpreted as “keeping yourself away from having more children.”

One Pashtu-speaking respondent stated that the yellow packaging was better because, “white is the color of a man’s seaman, and yellow is the color of a woman’s.”

### **B. Overall Packaging**

#### **1. Appropriateness**

Participants from every group stated that the smaller package would be better to put in one's pocket and to keep secret. One Pashtu-speaking man preferred this smaller pack because it would be difficult for other people to guess what it contains.

However, it is important to consider the response of one Pashtu-speaking man who stated that yellow symbolizes separation and is the color of funeral flowers.

## **2. Best features**

Many respondents commented that the Lao packaging is very high quality. The small size of the pack was preferred by more participants than was the size of the other two packages. The yellow *Number One* logo was chosen as the most attractive feature on this package because it captures attention and, as one man put it, "shows a special prominence."

## **3. Worst features**

There were no strong negatives regarding the size of the Lao package, although there were some participants who preferred the size of the Cambodia pack. One of the XX participants did comment that yellow would not be an appropriate color for the packaging. In one Dari-speaking group, participants stated that they do not like the sticker on the package, preferring the easy to open and close Cambodia package.

## **CONCLUSION:**

The Lao condom packaging appears to have been the most popular. The primary reasons for this preference are that it is small and can be easily concealed and that the yellow color attracts attention. The packaging colors were also perceived to imply high quality.

# **VI. RED AND YELLOW PACKAGING FROM NEPAL**

## **A. Colors**

### **1. Perception of colors (attractiveness, quality, meaning)**

In every FGD group there were strong negative reactions to the red color on the package. There were several positive comments: one participant commented that the red stands out very nicely against the black background on the package, several others liked that these colors resemble the Afghan flag and one person said that red is the color of success. However, the overwhelming response to these colors was negative. Only one participant stated that the red color implies high quality.

### **2. Color associations**

FGD participants in every group had very vivid associations with the red color on the Nepal package. The most common positive association was with the Afghan flag. Two Dari-speaking respondents from different groups stated that the

juxtaposition of red and black signified movement from darkness into light. Some positive associations with the color red included: success, a man and a woman getting together, and the Afghan flag.

Negative reactions to the red color were much more strong. Many respondents in both Dari and Pashtu-speaking groups interpreted red as the color of the Russian occupation, with several people specifically stating that they “hate” the color red. Other negative associations with the color red included: blood, HIV, risk, warning, and danger.

## **B. Overall Packaging**

### **1. Best features**

As with the Lao packaging, respondents like the small size of the Nepal package. One respondent particularly like the package seal, stating that it would be difficult for children to open. Another respondent particularly liked that the package clearly depicts the number of condoms included inside.

### **2. Worst features**

The majority of participants had a strong negative reaction to the colors of the Nepal package. Only one participants stated that they preferred the package shape or design to either the Lao or Cambodian packages.

## **CONCLUSION**

The Nepal package was not very well liked because of its color. Because discussion of the Nepal pack focused on colors, few comments were made regarding the shape and design of the pack. One person said that they liked how prominently the number of condoms in the pack was displayed, and another man said that he liked that it appears child-proof. There were no other strong positive comments about the package.

## **VII. CONCLUSIONS**

The Lao condom appears to be the best liked because of its small size and the attention-drawing yellow logo. While there were not many specific comments regarding the number of condoms people would like to buy in one pack—the clear preference was for a smaller rather than larger package.

There was a smaller, albeit significant number of respondents who preferred the larger pack from Cambodia, with four condoms inside. There was also a preference of some respondents for a larger pack needed in rural and hard-to-reach placed. This will be important to bear in mind if/when PSI/Afghanistan pursues market segmentation to better meet the disparate needs/preferences of condom consumers.

Other packaging suggestions that could contribute to the decision making process in choosing the final package design are as follows:

- The number of condoms in the pack should be clearly written so that people don't misperceive *Number One* as meaning one condom per pack.
- Because one respondent associated the color yellow with the color of funeral flowers and separation, this perception should be further explored before finalizing the color decision.
- If yellow is widely associated with separation, it may be useful to remember the statement of one respondent when designing communications, "yellow could symbolize keeping yourself away from having more children."
- Two respondents who have lived in Iran suggested that the condom package include the following statement, "Less children equals a better life."
- Respondents would like to see English, Dari and Pashtu languages on the package.
- It was particularly important to participants that they see the quality description in Dari and Pashtu, as well as the instructions.
- Participants in one group were very strong in their preference for the Cambodia packaging because it can be easily opened and re-closed, and it does not have any adhesive. Because the *Sathi* and *Peace* condoms already on the market have this feature, it is important to consider this preference among consumers.
- One savvy consumer stated that people pay the most attention to the reliability of the manufacturer when deciding to buy a medicinal product. Others stated that it is important to have the trademark on the packaging so that people can recognize that it is not a fake product. These comments should be considered when determining how to place the PSI logo.
- One consumer said that they would like to see a plastic package because it's more resistant.
- Expiry date should be prominently displayed.

## **Attachment 1**

### **Focus Group Discussion Moderator Guide** **Negative testing for *Number One Condoms* packaging**

#### **I. Preparation**

##### **Materials:**

- A color print of the front and back design from the printer.
- A sample Cambodia box and a sample Lao box
- Tape recorder and tapes, pens, pencils, notepads, paper, markers, labels for making name tags (do NOT use pens or notepaper with PSI's logo)
- Copies of discussion guide for members of the notetaker
- Refreshments

#### **III. Introduction**

##### **Warm-Up and Explanation**

Thank you for coming to talk to us today. We're happy that you can spare some time to have a discussion with us. The purpose of this study is to help us design a health product for families in Afghanistan to give them more health choices. We are interested in all of your opinions to support our work.

##### **Purpose**

Feel free to speak at any time. We will spend approximately an hour on the discussion talking about the product's logo and packaging. All information is confidential and will not be shared with anyone else. You will not hurt my feelings if you say anything about the logo or the packaging. I did not make either. I want to know your honest opinions.

##### **Note Taker and Tape Recorder**

I would like to introduce you to our note taker. His name is \_\_\_\_\_. He will be writing down the things that we say during today's discussion. Everything that is written down is strictly confidential and will not be shared with anyone else. Because our note taker cannot write down every single thing that you say during the discussion, I would like to use a tape recorder to tape our discussion. This tape-recorded conversation will be private; it is only used to keep better records of your statements and opinions. Anything that you say *will not* be shared.

##### **Discussion Guidelines**

This is a friendly discussion, so there are no right or wrong answers. We would like to have one speaker at a time, and there should be no side discussions during the session. Please tell us your opinion, even if it is similar to what someone has already said. Anyone can contribute to the discussion at any time. Please help yourself to some drinking water while we talk.

## **Introductions**

Let's begin by introducing ourselves. . If you are not comfortable giving your own name, then just tell us what name you would like to be called today.

*My name is \_\_\_\_\_. I am from \_\_\_\_\_.*

*(\*Moderator should aim to establish a rapport with respondents at this time, and encourage them to express themselves. Ask note taker to write name cards for each participant as they introduce themselves. Moderator reminds respondents that their names will not be used in our reporting.)*

## **IV. Discussion Guidelines**

### **WARM UP**

Let's start by talking about our families. I'd like us to tell each other how many children we have, how old they are and whether they are boys or girls.

### **BIRTH SPACING**

- Does everyone know what birth spacing is?  
*(if no answers, explain)*
- Let's discuss different birth spacing methods. Can you explain the following birth spacing methods and how they are used?
  - a. Oral contraceptive
  - b. Injectable contraceptive
  - c. Condom

*If any of the methods above are not fully explained, give more explanation.*

- Do you have any friends who practice birth spacing?
- Is it very common very common to practice birth spacing?
- Why do you think people like you would practice birth spacing?
- Why do you think they would not?
- Do you know where birth spacing products are sold? Where?

### **LANGUAGE**

*"Now I'm going to ask you a few general questions about product packaging."*

- What is your perception of products with English writing on the package, are they high or low quality?



- What is your perception of products with Pashtu writing on the package, are they high or low quality?
- Which would you prefer to buy:
  - a. A product with only English language on the package
  - b. A product with only Dari language
  - c. A product with English language and Dari language on the package.

*(Ask people to explain why they would make each choice)*

## PACKAGING

**Give the group the blue and gray *Number One* box and explain that this is an example of packaging for a new condom that is not yet being sold. Today we want to discuss what people think about this packaging so we can better design a new brand of condoms**

*“Please remember that neither I nor my company designed this package, so please be honest and tell me what you think about this package.”*

### TEXT

1. Do you know what the English phrase *number one* means? What?
2. Let’s look at the back of this package. This text describes the high quality of the product. Would you prefer to see this text in English or in Dari translation? *Ask people to explain their answers—ask them “why?”*

### COLORS

3. What do you think about the colors of this package? (**Probe:** Are they attractive colors? What do they mean to you?)
4. Are these colors associated with other things? What?
5. What do you think these colors say about the product? (**Probe:** do they make the product look high or low quality? Are they respectable colors?)

### LOGO

6. What does this logo represent to you (*point to the number one*)? Explain.

## PACKAGING

7. Is this packaging appropriate for a birth spacing product? *Ask people to explain their answers. Ask them “Why?”*
8. What do you like most about this packaging?
9. What do you like the least?

**Show everyone the orange and black package. Explain that this another example of a condom package that could be used for a new brand.**

**COLORS**

10. What do you think about the colors of this package? (Probe: Are they attractive colors? What do they mean to you?)
11. Are these colors associated with other things? What?
12. What do you think these colors say about the product? (**Probe:** do they make the product look high or low quality? Are they respectable colors?)

**PACKAGING**

13. Is this packaging appropriate for a birth spacing product? *Ask people to explain their answers. Ask them "Why?"*
14. What do you like most about this packaging?
15. What do you like the least?

**Show everyone the blue and yellow package. Explain that this another example of a condom package that could be used for a new brand.**

**COLORS**

16. What do you think about the colors of this package? (Probe: Are they attractive colors? What do they mean to you?)
17. Are these colors associated with other things? What?
18. What do you think these colors say about the product? (**Probe:** do they make the product look high or low quality? Are they respectable colors?)

**PACKAGING**

19. Is this packaging appropriate for a birth spacing product? *Ask people to explain their answers. Ask them "Why?"*
20. What do you like most about this packaging?
21. What do you like the least?

*Now we're going to talk about both packages.*

- 22. Which colors do you prefer? **Probe.**
- 23. Which box shape do you prefer? Why?
- 24. If you were going to buy condoms, how many condoms would you like to buy at one time and why?

**Thank you for your time and your answers today. Please help yourself to refreshments.**